

FAUQUIER COUNTY PARKS & RECREATION DEPARTMENT
PART 2 • PERMIT APPLICATION
SPECIAL NEEDS FORM



Reference Receipt # _____

SPECIAL NEEDS FORM

(Items marked with an * are the only ones that may be used off-site)

ACCESSIBILITY

List special auditory needs _____

List special visual needs _____

List special mobility needs _____

List other accessibility needs for which we may be helpful _____

Other Needs _____

EQUIPMENT RENTALS: MARSHALL COMMUNITY CENTER

Item:	Cost:	Quantity:	Total Cost:	Item:	Cost:	Quantity:	Total Cost:
Tables (8)	Free	_____	\$ _____	Radio/Cassette Player	\$1.00/hour	_____	\$ _____
Chairs (59)	Free	_____	\$ _____	PA System	Free w/rental	_____	\$ _____
Lectern	Free	_____	\$ _____	Overhead projector	\$2.50/hour	_____	\$ _____
Film Projector	\$5.00/hr	_____	\$ _____	Other:		_____	\$ _____
Screen	\$1.00/hr	_____	\$ _____				
						TOTAL:	\$ _____

Times Needed: _____

Arrangement of Room: _____

EQUIPMENT RENTALS: CROCKETT PARK and MONROE PARK

Item:	Quantity:	# Hours:	Hourly Fee:	Half Day Fee:	All Day Fee:	Total Cost:
Volleyball & Disc Golf Bag #	_____	# _____	\$1.00	\$2.50	\$4.00	\$ _____
Volleyball Net Kit *	# _____	# _____	N/A	N/A	\$17.00	\$ _____
Horseshoes & Badminton*	# _____	# _____	\$2.00	\$5.00	\$8.00	\$ _____
Picnic Kit *	# _____	# _____	\$2.50	\$6.00	\$10.00	\$ _____
Rod & Reel Kit	# _____	# _____	\$1.50	\$4.00	\$7.00	\$ _____
Cane Fishing Pole Kit	# _____	# _____	\$.50	N/A	N/A	\$ _____
Croquet	# _____	# _____	\$2.00	\$4.00	\$6.00	\$ _____
Portable PA System	# _____	# _____	N/A	N/A	\$10.00	\$ _____
					TOTAL:	\$ _____

TOTAL SPECIAL NEEDS FORM \$ _____

PAYMENT PROCESSING RESPONSE

Application & fee(s) received by Reg/Park Manager _____ on _____ Receipt. No. _____

☐ We are able to fulfill your needs and look forward to serving you.

☐ We are able to fulfill your needs except for the following:

☐ We are unable to fulfill your needs. Please consider our facilities again for future use. Please feel free to call to discuss this further if you wish.